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Improving healthcare provider knowledge in acute and primary transgender health needs: The implementation of a clinical education program with urgent care and emergency room staff and providers

In partial fulfillment of the requirements for the degree of Doctor of Nursing Practice

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Otterbein University

2016

DNP Final Scholarly Project Committee

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By

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2016

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Abstract

The purpose of this project was to improve knowledge and identify personal bias and beliefs in the acute and primary healthcare needs of transgender persons, through the implementation of a clinical education program with healthcare providers and staff working within the urgent care and emergency department settings. The need for such a program exists due to the lack of suitable and accessible healthcare that may lead to misdiagnosis, delay of treatment and poor health outcomes. Including clinical education in the acute and primary healthcare needs of transgender persons that can be integrated into healthcare organizations may aid in the improvement of overall healthcare and healthcare experiences of transgender persons. Goals of the educational program included: increased healthcare provider and staff knowledge in the acute and primary care of transgender persons; identification of personal bias and beliefs in the healthcare of transgender persons; and the identification of factors limiting transgender persons seeking healthcare. One hundred and sixty-four participants were approached as potential participants within the program, only four elected to participate, with two completing the program. Some of the limitations of the program can be contributed to time requirements and personal beliefs. Future research may include the incorporation of a succinct program with minimal time requirement or the exploration of participant interest. Through the incorporation of an easily accessible, cost effective, electronically based education program, healthcare providers and staff in the urgent care and emergency room settings were able to obtain needed transgender inclusive healthcare knowledge.

Improving healthcare provider knowledge in acute and primary transgender health needs: The implementation of a clinical education program with urgent care and emergency room staff and providers

Introduction

Healthcare providers report limited training and comfort in the healthcare management of transgender persons. Forty percent of LGBT (Lesbian, Gay, Bisexual and Transgender) persons report lack of provider education as a barrier to care (Moll et al., 2014). Transgender persons often do not seek treatment for illness or preventive healthcare due to actual or perceived fears of discrimination, ridicule, and suboptimal healthcare that results in delayed treatment and diagnosis of illness (Hicks, Schafersman, Schmotzer, Spencer, & Tyler-Simonson, 2014).

Significance to nursing

Transgender persons face the same common life problems (stress, illness, housing, finances) and have the same basic health needs (screening, prevention, treatment) as their non-transgender counterparts. Transgender persons have described finding transgender knowledgeable and transgender friendly providers as a common barrier (Sanchez, Sanchez, & Danoff, 2009). Transgender persons may experience apprehension when interacting with healthcare providers resulting in inadequate or late care that may lead to higher patient acuity, and clinical disease progression. Perceptions from health care providers may include a lack of knowledge of available resources, inability to identify transgender friendly colleagues, and lacking formal education surrounding transgender health care (Snelgrove, Jasudavisius, Rowe, Head, & Bauer, 2012). Some providers may lack knowledge or may harbor biases toward transgender persons, which may lead to an overall distrust of the healthcare profession.

Trust is crucial in the healthcare provider-patient relationship (Murray & McCrone, 2015). Nursing is one of the top trusted professions (Gallup, 2015). Therefore, the ability to facilitate the patient's development of trust in the provider and healthcare delivery is vital. The building of patient trust requires the healthcare provider and staff have a foundation of education and training that will provide the competence to provide a thorough effective treatment plan and interpersonal skills for respectful, supportive and open conversations (Murray & McCrone, 2015). Trust is fragile in the patient provider relationship due to power inequality (Murray & McCrone, 2015). The training of the nurse practitioner is prime to provide the foundation of a trusting relationship. Building upon trust provides a therapeutic relationship that includes outcomes of being valued, feelings of trustworthiness and reliability of both the provider and the patient (Murray & McCrone, 2015).

The healthcare provider-patient relationship most often involves physicians, advanced practice nurses, and physician assistants. Increasingly advanced practice nurses are filling the healthcare provider role (Poghosyan, Lucero, Rauch, & Berkowitz, 2012). Given that nurse practitioners are increasingly at the forefront of primary, urgent care and emergency room settings, the Doctor of Nursing Practice advance practice nurse is the ideal professional to incorporate the research and clinical information of transgender health needs into practice.

Clinical needs assessment

Fifteen percent of transgender persons report being uncomfortable discussing transgender healthcare needs and twenty percent recounted educating the provider on healthcare needs (Bradford, Reisner, Honnold, & Xavier, 2013).

A needs assessment is defined as a "systematic identification of the gap between the current condition and the ideal condition" (Zaccagnini & Waud White, 2014, p. 426). A needs

assessment obtained through SWOT (strengths, weaknesses, opportunities and threats) analysis involved a review of current literature, informal discussions and experiences. Informal discussions were obtained through casual conversation with colleagues at seminars, meetings and other professional gatherings. Casual dialogs were posed through face-to-face contact with colleagues as to experiences and knowledge of transgender inclusive healthcare. Strengths identified included the ability to work with a diverse population and the available workforce. The market demands highlighted by the media indicate a need exists for further education on transgender inclusive healthcare. Observed weaknesses included a potential resistance to change. Some healthcare personnel may not feel that additional training is needed, and others may not have the available time to put into training. Opportunities included the ability to develop a program that increases healthcare provider and staff knowledge base. Current trends demand change and education in the area of transgender inclusive healthcare. Potential threats observed include the availability of resources. Healthcare providers and staff may not have the time or knowledge readily available to seek out appropriate resources. Competition of organizations in the development education programs is noted. Education programs are offered to provide additional training, however, at this time, one must search for them.

Problem Statement

Successful provider healthcare management of transgender persons is based on principles of cultural competence. Limited healthcare provider knowledge and training of transgender healthcare needs in acute and primary care settings may result in poor health outcomes, disease progression and overall lack of confidence in the healthcare system. Providing healthcare providers and staff with the basic knowledge to treat acute and primary health conditions of

transgender persons with the willingness to address personal biases may assist in achieving positive clinical outcomes.

Literature Review

The term transgender is a "community-based term that describes a wide variety of cross-gender behaviors and identities. This is not a diagnostic term, and does not imply a medical or psychological condition" (Center of Excellence for Transgender Health, 2014, para. 10). Gender identity relates to the individual's fundamental awareness of being male or female and may not associate with the biological makeup or birth assigned sex (Redfern & Sinclair, 2014). Gender expression is the external attribute of behavior, appearance, and attire typically stipulated as being associated with the appearance of being male or female. General acceptance and awareness of personal bias and beliefs can provide an open door toward the development and maintenance of a comprehensive healthcare program (Varkey & Antonio, 2010).

There are various rationales for lack of health care access or delay of treatment in the transgender population. A review of the literature reveals that patients in the transgender community may have concerns about the healthcare provider-patient relationship. These concerns include the feeling of being discriminated against with full disclosure, negative attitudes toward the transgender community and lack of confidence in the health care provider. The provider may have lack of knowledge or inadequate training in the care of the transgender patient, which can lead to refusal of treatment of the patient, or the patient training the provider on their care (Stroumsa, 2014).

Transgender persons harbor a genuine need for primary healthcare disease prevention and chronic disease management, the same as the general population. Many also experience clinical issues in association with their contrasting gender, which can include: mental disturbances

(depression, substance abuse, anxiety or suicidal tendencies), high-risk behaviors which increase susceptibility to sexually transmitted infections, and other conditions resulting from the consequences of hormone therapy, such as cardiovascular disease, diabetes mellitus, and certain cancers (Redfern & Sinclair, 2014).

The stigma directed at sexual and gender minorities in the contemporary United States creates a variety of challenges for researchers and healthcare providers (Poteat, German, & Kerrigan, 2013). Many transgender persons refrain from disclosing their sexual orientation or gender identity to researchers and health care providers for fear of discrimination and prejudice (Clark, Landers, Linde, & Sperber, 2001). The unwillingness in divulging such information results in underprovided or inaccurate healthcare delivery. The provision of transgender-sensitive care incorporated into the healthcare delivery system increases the comfort and trust with the patient-healthcare provider relationship.

The Affordable Care Act prevents "any health program or organization that receives funding or is administered by the Federal government from discriminating against a person because they are transgender or do not conform to gender stereotypes" (Redfern & Sinclair, 2014, p. 11). Discrimination in this context is described as follows: refusal to admit or provide services, harassment or refusing to respond to harassment, exposing persons to offensive or medically unnecessary examinations, requiring participation in 'conversion therapy', and refusal to provide counseling, medical advocacy and or referrals (Awosogba et al., 2013).

Deficiencies in healthcare knowledge and skills are documented by a lack of training, limited availability of population-based data, various beliefs of providers in regards to sexual orientation, and an inability to create a practice environment of respect and awareness (McNair & Hegarty, 2010). Inadequate education and preparation of healthcare providers increases the

risk of incidence of uncomfortable situations in meeting the healthcare needs of transgender persons (Compton & Whitehead, 2015).

Limited information is available about the knowledge base and training of healthcare providers in the primary care of transgender persons. Insufficient education results in a decreased confidence of healthcare providers by transgender persons. The examination of the impact of a clinical education program on the acute, primary care, and chronic disease management of transgender persons would improve provider confidence and subsequently the patient-provider relationship.

Supporting evidence is found in a 2013 study of healthcare of transgender persons. Transgender persons expressed concerns over medical providers being unable to meet their needs; frustration over the provider's limited knowledge; and using inappropriate pronouns when speaking to them or expressing shock or ambivalence toward their needs (Poteat, German, & Kerrigan, 2013).

The National Transgender Survey of 2011 queried 6450 transgender and gender non-conforming participants (one hundred ninety-four respondents were from the state of Ohio). From the survey, three main concerns were revealed around obtaining medical care:

1. The refusal of care: Nationally, nineteen percent of the sample reported being refused care due to their transgender or gender non-conforming status; twenty-one percent in the state of Ohio, with even higher numbers among people of color.

2. Harassment and violence in medical settings: Twenty-eight percent of respondents were subjected to harassment in medical settings and two percent were victims of violence in the doctor's office.

3. Lack of provider knowledge: Fifty percent of the sample reported having to teach their medical providers about transgender care (Grant et al., 2011).

In 2007, the Association of American Medical Colleges recommended that medical schools "ensure that students master the knowledge, attitudes, and skills necessary to provide excellent, comprehensive care for LGBT patients" (Awosogba et al., 2013, p. 23). The provider's duty is to maintain an appropriate, culturally sensitive, authentic and professional relationship with the patient. In a 2011 survey of undergraduate medical education of 148 medical schools across Canada and the United States, both osteopathic and allopathic programs showed a median of 5 hours of formal LGBT (lesbian, gay, bisexual and transgender) education with a wide variation of content across programs, greater than one-third of students reported zero training hours (Obedin-Maliver et al., 2011). The identification of transgender content taught in advanced nursing practice programs was not evident upon literature review. Furthermore, information examining the time allotted to transgender training within the nursing curriculum was not discovered (Lim, Brown, & Jones, 2013).

Stroumsa (2014) suggests that transgender-sensitive care be integrated into medical, nursing and paramedical programs, as has been done with other cultural competencies. The suggestion is that this curriculum be supported through federal grants for programs teaching postgraduate-level care of transgender patients. To date few curriculums have been developed, mostly in voluntary courses or certifications. Vanderbilt University currently has developed a medical student certificate in LGBT (Lesbian, Gay, Bisexual and Transgender) health and the Goldfarb School of nursing is incorporating LGBT health needs in with current nursing threads (Prinster, 2015). The American College of Physicians recognizes that the training of healthcare

providers is paramount in the provision of culturally and clinically competent care of transgender persons (Daniel & Butkus, 2015).

Given that teaching of transgender topics appear to be limited to those with specific interest in the curricula leaves developing a program for transgender health to be an intimidating task (Awosogba et al., 2013). Recent articles (Boehmer et al., 2016; Schuster, Reisner, & Onorato, 2016; Smith, 2016; Gilespie & Capriotti, 2016) emphasize the need for additional training of healthcare providers.

Several national LGBT health-focused organizations have developed materials on LGBT health (Gay & Lesbian Medical Association, the Fenway Institute, and Center of Excellence for Transgender Health, The World Professional Association for Transgender Health, and The Institute of Medicine). Fenway health specifically has recently come out TRANSECHO, a twelve-month training program for organizations (National LGBT Health Education Center, n.d.). The aforementioned organizations play a critical role in the development, implementation and monitoring of formal teaching of primary healthcare management of transgender persons. Until further development of healthcare education standards (specifically primary healthcare) and implementation of program standards is developed, continuing education will provide direction and improvement of the healthcare issue at hand.

Theoretical Framework

The feminist virtue of ethics of care for healthcare practitioners is a spinoff of narrative ethics, virtue ethics, and care ethics in the feminist perspective viewpoint. Discussing the concept of narrative ethics brings about a better understanding of the feminist virtue of ethics of care. Narrative ethics is defined as a “way of knowing” (Tong, 1998, p. 133). In medicine, narrative ethics incorporates not only the science but also the art of knowing. Narrative ethics

incorporates the understanding the tradition of culture or individual's story. From a health care provider perspective, it is treating the patient not just the disease.

The feminist virtue of ethics developed from narrative ethics through incorporating specificity of gender and relationships. Care focused feminist views incorporate the rights and responsibilities of relationships. The focus is one that women have more developed caring skills than men. Major concepts of feminist ethics of care include: men and women have different life situations; provisions for a methodical subservience of women; offer ways of dealing with issues arising in domestic or private life; consider the moral experience of women (Butts & Rich, 2015, p. 160).

The feminist virtue of ethics of care framework includes care that:

> Fulfills the one caring, calls upon the unique and particular individuality of the one caring, is not produced by a person in a role because of gender which one gender engaging in nurturing behavior and the other engaging in instrumental behavior, is reciprocated with caring, and not merely with the satisfaction of seeing the ones cared for flourishing and pursuing other projects, takes place within the framework of consciousness-raising, practice and conversation (Butts & Rich, 2015, p. 165).

The feminist virtue ethic of care incorporates "benevolence and human-heartedness" (Tong, 1998, p. 148). Feminist virtue of ethics demands that health care practitioners reclaim medicine practice and save the healthcare system from those tearing the system apart. Preservation of the caring aspect of healthcare is paramount. Healthcare providers are obligated "to do more than their duty" to provide appropriate effective care (Tong, 1998, p. 150). Health care providers are afforded the task to be caring individuals and abolish unjust behaviors and practices within medicine to deliver unbiased health care to all.

Significance

The feminist ethics of care framework to nursing practice is socially and theoretically important. Feminist ethics of care involves the incorporation of virtue and caring within the context of the feminist viewpoint. The feminist ethics of care framework addresses the disparity in gender roles and the roles of minority populations. The feminist ethics of care framework is based on critical inquiry into relationships and the implications of power within the relationship (Green, 2012). Feminist ethics of care framework focuses on the dynamic relationship between institutional and social power structures. A responsibility of those in the relationship is one of care and duty. The provision of competent compassionate care and a duty in a way that is practical and equal is vital to the framework. Although feminist ethics of care framework has been limited to female-to-male relationships, the framework is generalizable to non-conforming gender populations such as the transgender population.

> A feminist ethic of care remains a constructive approach to patient rights as it emphasizes responsibilities and relationships, the contexts of caring interdependencies, and allows patients to be active social players with a voice rather than passive recipients of care (Green, 2012, p. 4).

Therefore, the application of feminist ethics of care is easily branched out to include care of transgender individuals.

The concepts present throughout feminist ethics reign consistent. Health care encounters require a “moral agent who acknowledges their responsibility in specific contexts and can balance autonomy and conflicts with their own integrity and caring for others” (Aranda & Jones, 2010, p. 250). Feminist ethics of care is consistently grounded in morality, responsibility and

caring. The caring practitioner is cognizant of possible moral conflict and appropriate choices incorporating beneficence and justice with each act of caring.

Incorporation of feminist ethics of care can be evaluated using a survey and qualitative analysis. Control of variables may be problematic due to the evaluation of feeling and emotion and perception. Due to the linking of concepts, imperial indicators may not be appropriate.

Project Purpose

The purpose of this project was to improve the knowledge base of urgent care and emergency room healthcare providers and staff working in a Midwest urban healthcare organization in the acute and primary health needs of transgender persons and identify personal bias and beliefs limiting healthcare provision. By implementing such a project, the urgent care and emergency room healthcare provider and staff would be able to:

1. List factors limiting transgender persons seeking healthcare.
2. List personal biases and beliefs related to the healthcare of transgender persons.
3. List materials relevant to his or her practice in preventive healthcare and acute care management of transgender persons.
4. Identify the importance of gender identification in the development of differential diagnoses in healthcare management.

Methods

The study has a mixed method embedded design. This was selected because both quantitative and qualitative information were collected. An embedded design is useful when including a qualitative section within a quantitative design (Terry, 2012). A Pre-Test-Post-Test Design was used with a follow up questionnaire six to eight weeks post intervention (Terry, 2012). The pre-test-post-test design is a useful method of evaluating the impact of an

intervention on a group. The questionnaires utilized a compilation of open-ended and closed questions employing a seven point Likert scale.

Population

The population comprised a convenience sample obtained from a Midwest urban healthcare services organization. The target population included healthcare providers and staff that worked for the healthcare organization within the urgent cares and emergency rooms.

The inclusion criteria identify that the participant had the potential to have contact with transgender persons within the healthcare setting. The participant was to have the potential to be involved in a transgender person's healthcare experience in some aspect during the visit. The participant was also an employee of the healthcare organization.

Recruitment of the population was obtained through contact with a representative of the organization through email and phone. Participation was strictly voluntary. A mass electronic document was provided to 164 potential participants, which included a description of the project, and two attachments; see Appendix A. The two attachments included participant instructions and informed consent; see Appendix B and Appendix C. The informed consent was obtained through written consent from the scanned document sent electronically prior to any information being presented or obtained. The Otterbein University Institutional Review Board reviewed and approved the project prior to implementation and data collection; see Appendix D. The organization utilized to obtain participants accepted Otterbein University's Institutional Review Board and did not require an additional Institutional Review Board for the project implementation; see Appendix E.

Timeline

The initial project timeframe began in July 2015 with the organization of participants, and further defining questionnaires and program development. Program coordination continued from August 2015 through September 2015, and was to end with complete development and finalization of the program. The program was finalized in October 2015. The participants received a pre-test prior to the project implementation in mid-October 2015, which was followed by a post-test. The participants received a six-week follow-up survey the end of December 2015. Nominal gift cards were distributed in the second week of January 2016. Data analysis, evaluation and synthesis followed by distribution of results continued from February 2016 to completion. The project required seven months to implement through completion of data collection; see Appendix F.

Budget

Due to the nature of the program, presentation costs were limited. The program was distributed electronically with a PowerPoint with recorded narration, through a free online document downloading service, email and Survey Monkey. A nominal stipend of a $50.00 gift card raffle with two randomly chosen recipients was offered for participation. The participant was provided time during his or her workday to participate in the activity, per agreement with the employer. No handouts were provided; the participant had the ability to print material. Data collection was obtained through the use of Survey Monkey; that added the expense of $26.00 per month due to the survey length. Funding was obtained through the Student Research Fund at Otterbein University in the amount of $100.00, which covered the gift cards, minus the purchase fee; see Appendix G. The funding committee would not fund the survey expenses as the committee stated that the information would be able to be obtained through the free version. The

author paid the monthly fee for the use of the expanded survey instrument. The author had determined after submission of the research application that additional survey questions would be instrumental to the project, which exceeded the minimum of ten questions on the free version of the survey instrument. The potential participant pool exceeded the maximum of one hundred surveys available to utilize the free version of the program. The author may not have made this clear on the initial application for funding which would have resulted in additional program funding.

Survey Instrument

The questionnaires were developed by the author to address the study questions; see Appendices H-J. The investigator's committee members reviewed the surveys to determine the relevance and inclusiveness of each survey question in each of the content areas to determine the content validity of the surveys.

Intervention

The author developed the clinical education program. The intervention was developed through the application of the ACE star model of knowledge transformation; see Figure 1 (Mazurek Melnyk & Fineout-Overholt, 2015). The ACE star model focuses on knowledge transformation and the impact of integration of research into clinical practice. The ACE star model acts on the premise that "knowledge transformation is necessary before research results are usable in clinical decision making" (Mazurek Melnyk & Fineout-Overholt, 2015, p. 307).

The use of the ACE star model of knowledge is an appropriate model with the goal to improve healthcare provider and staff knowledge in the acute and primary health needs of transgender persons. The model allows for the provision of detail in planning, implementation, and performance measures (Hickey & Brosnan, 2012). The incorporation of the ACE star

model of knowledge provides the specificity and direction to achieve the end point of quality healthcare provider knowledge in transgender population health needs. Knowledge is attained through a detailed process outcomes model that allows for comprehensive investigation and evaluation with the incorporation of an intervention to promote change within the urgent care and emergency room setting.

The intervention developed was comprised of various research-involving healthcare of transgender persons. Information obtained for program development included resources from Fenway Health, Center for Excellence in Transgender Health, the National LGBT health Education Center and the Virginia Transgender Health Initiative Study, as well as recent research and applicable case studies. The education intervention encompassed comprehensive knowledge of transgender health needs including: history, defining terms of gender and sexuality, transgender inclusive healthcare services, barriers to transgender persons seeking healthcare, addressing misconceptions and beliefs, increase awareness, medical management in the acute and primary setting, the importance of taking a sexual history, the importance of knowing the patient anatomy and medications, case studies and important resources, organizations and references.

The intervention was implemented through a PowerPoint presentation with narration. The participant was provided with access to the intervention download through a link sent by electronic mail that was delivered after the receipt of signed informed consent.

Data Collection Procedure

A mass electronic document was provided to the 164 potential participants, which included a description of the intervention and two attachments. The two attachments included participant instructions and informed consent. Once confirmation of participation was received

through electronic correspondence, each participant was provided with a participant number and PowerPoint education presentation through WeTransfer (WeTransfer, n.d.). WeTransfer is a service capable of sending large files electronically. Imbedded within the intervention education program, each participant was provided with a link at the beginning and end of the intervention to participate in the pre and post intervention questionnaires. A six-week follow up questionnaire was distributed to the participants that completed the intervention. The questionnaires were distributed through SurveyMonkey, an electronic survey website (SurveyMonkey, 2015).

Results

Characteristics of the Sample

The participation packet was electronically sent to 164 healthcare providers and staff working in an urban Midwest urgent care and emergency room organization in a mass mailing through Otterbein University secure mail. A follow up electronic mailing was provided ten days from the initial submission. The data was collected over an eight-week period in October 2015 through December 2015. One hundred sixty-four participants were contacted, four responded with intent to participate and two participants completed the project requirements.

Since participation in the project intervention was minimal, additional participants were sought out to determine the efficacy of the educational program. After additional review through the Otterbein University Institutional Review Board and approval, see Appendix K, permission was requested of the Otterbein University MSN director, FNP program director and nursing chairperson and granted through electronic mail communication. The program was offered to family nurse practitioner students currently enrolled in their second year at Otterbein University. The family nurse practitioner students solicited for participation in the program did not respond

to the electronic request, therefore additional participants were not obtained to aid in the determination of program efficacy.

Data Analysis

A one percent response rate was achieved. Due to limited participation, a simple comparative analysis was performed. The pre-intervention responses, post-intervention responses, and the six-week follow up questionnaire were compared between participants; see Tables 1-3. No statistical calculations were required in the evaluation of data for the project.

Program efficacy could not be evaluated due to limited response. Demographic data showed both of the responding participants reported themselves as female and medically trained as an MD or DO for 15 years. Participant number one only responded to the pre-intervention questionnaire and the six-week follow up questionnaire.

Evaluation of the quantitative data disclosed clinical training in the area of transgender health of 1 to 5 hours being reported. Qualitative data analysis was performed through thematic network analysis (Terry, 2012). Thematic network analysis is used to discover themes existing within a narrative, which allows for summarizing and comparing patterns and themes present within the information obtained. Analysis of data revealed that both participants agreed there was a need for training. While there was a discrepancy of the feeling that attitudes and beliefs affect their practice, both agreed on the need for culturally competent care. Although both participants agreed that gender identity was important to address, it was not routinely addressed. The participants did report improvement of gender identity acknowledgement on follow up. The biggest concern of both participants in the care of transgender persons was fear of offending the person. Participants reported change in perceptions and knowledge of healthcare needs of

transgender persons and identified a need of education for other healthcare providers, see Tables 1-3.

Barriers and Limitations

Barriers encountered in the implementation of the clinical education program included communicated resistance from healthcare providers. A participant's personal bias presented as a barrier including the incivility of a potential participant. The aforementioned was likely influential in the overall number of participants. The original request for responders was provided in a mass email to all instead of blind copy to individuals, which may have resulted in an unintended response to all of the aggressive responder. The preceding information may have contributed to an unfavorable environment, deterring participation in the program.

One participant disclosed past experience with LGBT issues in the college setting, which admittedly may have biased personal and professional opinions. Another barrier noted was time; the program was approximately one hour in length. This was a time sensitive program presented to healthcare providers and staff in the urgent care and emergency room who are already very busy. Adults have an average sustained attention span of about ten minutes and learn best in about 20-minute chunks (Weinschenk, 2012). Shorter, periodic bursts of learning education may be more helpful in achieving increased program participation. Additional barriers to program implementation include the use of a convenience sample. The individuals who opted to participate may not constitute a representative sample of the population.

Discussion

Lack of sufficient healthcare may lead to misdiagnosis, delay of treatment, and poor health outcomes. Through the incorporation of a clinical education program emphasizing the knowledge needed to treat primary and acute health conditions of transgender persons while

acknowledging personal bias and beliefs that create barriers in healthcare; healthcare providers, and staff had the potential to improve the overall healthcare provision with transgender persons. A potential pool of 164 healthcare professional participants resulted in two actual participants. While response was minimal, outcomes did suggest efficacy of a clinical education program improving healthcare experience of transgender persons. At a time when diversity and cultural awareness are present within the media and throughout the literature, resistance to training and education appears prominent.

Investigation of implicit and explicit bias in the provision of healthcare services of the transgender person would be an appropriate avenue of research prior to the implementation of clinical education. The literature strongly suggests the need for education in acute and primary healthcare of transgender persons. Further research may be considered into the investigation of the readiness or willingness of healthcare providers and staff to participate in education on this topic. Additional research may be considered in ways to engage providers in sensitive healthcare topics. Mandatory training in transgender acute and primary healthcare may also be indicated as a potential research opportunity.

Implications for Nursing

Often seen at the forefront in the healthcare setting, the advanced practice nurse plays a critical role in the development of the patient provider relationship. A supportive healthcare environment utilizing culturally sensitive and competent care of the transgender person, may improve patient provider healthcare relationships and trust within the healthcare system as a whole. Using basic knowledge of transgender healthcare needs and identifying bias within healthcare can improve the knowledge deficit and overall relationships among patients and healthcare providers, and staff.

Lessons Learned

While awareness of transgender people's health disparities has increased and the literature supports improvement, progress is slow. Repeat literature search performed revealed new data consistent with the already known limits of healthcare knowledge and discrimination within the delivery of healthcare with transgender persons. "All health facility staff need sensitization and training to develop cultural competency"(Wolf et al., 2016, p. 88). The development of a welcoming experience with knowledgeable providers and staff is imperative to culturally competent and sensitive healthcare with transgender persons. A survey of US academic medical institutions faculty practices revealed an interest to the development of policy and procedures and programs to improve healthcare access with transgender persons (Khalil, Leung, & Diamant, 2015).

Although a need exists for additional training, assumptions made by the author during this project may have contributed to the resistance of participants. The author did not take into account the possibility of implicit bias and that participants may harbor unwillingness to participate in such a sensitive topic. The initial correspondence to attract participants was not optimal. The author failed to anticipate the possibility that sending a mass email would result in one prospective participant responding to the masses with less optimal opinions of the topic at hand. The aforesaid may have created an unanticipated negative response toward involvement of the program with the other prospective participants. Each participant should have been blind copied in the invitation of the program, which might have resulted in a higher response rate.

The comprehensive lengthy program provided may have hindered participation as well. The developed program while informative was quite lengthy for an already time constrained healthcare provider. The program could have been condensed into covering the most important

topics of appropriate questions to ask transgender persons such as clinical anatomy and medications in determining healthcare provision.

Also, the author was provided with an exceptional opportunity for clinical placement involving transgender health care in the community, which through unintended miscommunication on the author's part did not come to fruition. While many sites and avenues were investigated and approached no one suitable clinical placement could be obtained. Clinical experience was gained through discussions with professionals in the field of transgender health, seminars, discussions and observation time completed with a local psychiatrist reviewing issues in gender identity, depression, and coping skills, as well as continuing education programs and conferences.

Conclusion

Attention to trust and culturally sensitive topics has become increasingly apparent throughout health care and the media. Providing additional training for urgent care and emergency room healthcare providers in the acute and primary healthcare of transgender persons increased provider knowledge and confidence in the provision of care with the author and the two participants. Through increased confidence of healthcare delivery, trust is achieved creating an overall comfort in the healthcare delivery and receipt with transgender persons in the provider-patient relationship. Improved provider-patient relationships may result in improved treatment and management of acute and chronic disease as well improved preventative healthcare acquiescence. Improvement of preventative care and disease management may also result in the decrease of comorbidities and disease progression which may in turn decrease healthcare cost.

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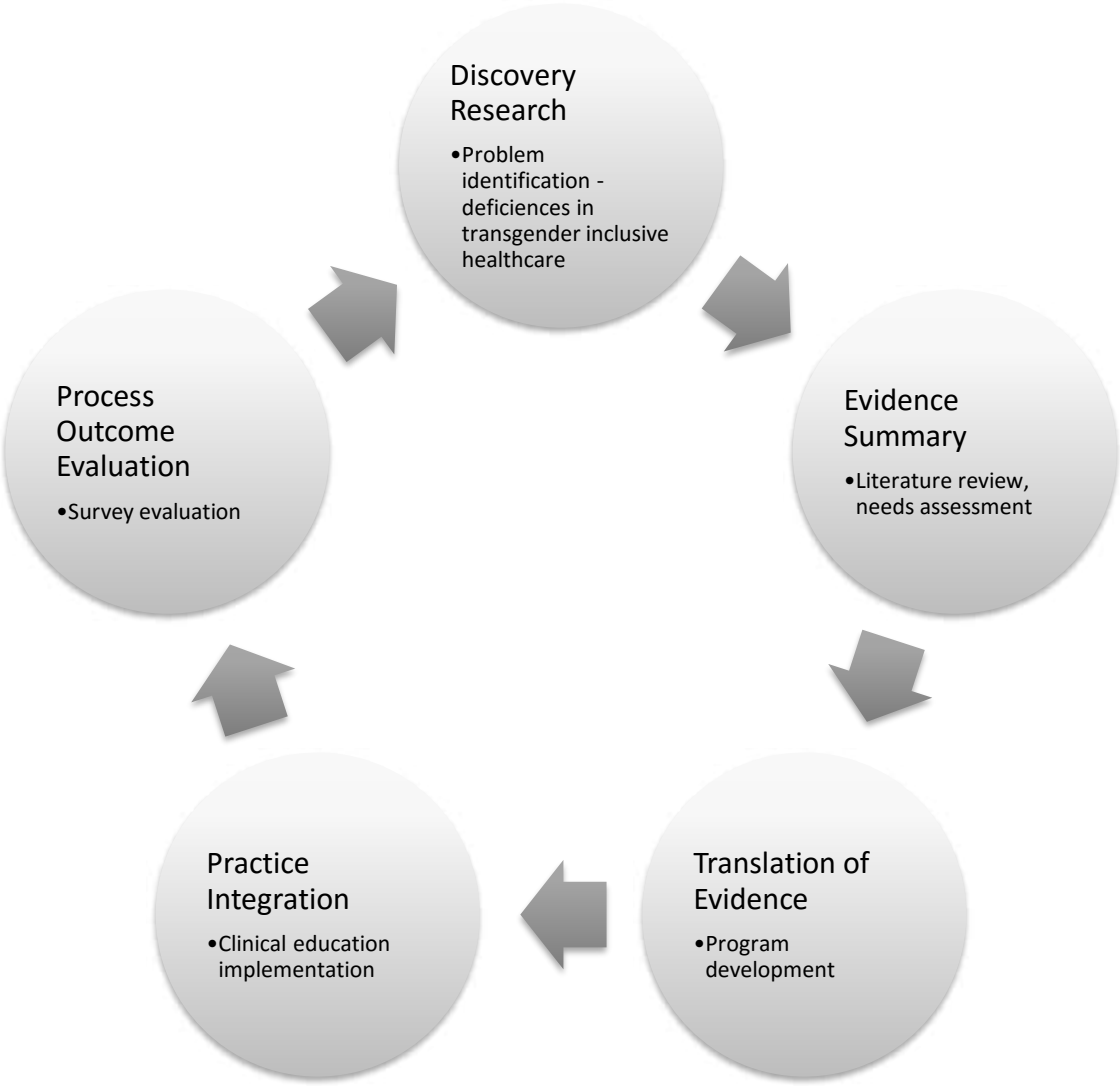

Figure 1.

Adapted from the ACE star model of knowledge transformation. (Mazurek Melnyk & Fineout-Overholt, 2015, p. 306)

Table 1

Pre Intervention Responses of Clinical Education in Transgender Inclusive Healthcare

Question	Participant 1	Participant 2
I feel that my training in healthcare is sufficient to meet the needs of the transgender community	Moderately disagree	Moderately agree
I am comfortable with providing healthcare for transgender persons	Agree	Strongly agree
My work environment provides an atmosphere that would be comfortable for the transgender person to seek healthcare	Moderately Agree	Agree
Transgender persons report the utilization of a primary healthcare provider when treated in the Urgent Care of Emergency Room	Neither	Neither
I feel that it is important to become educated in the healthcare of transgender persons	Strongly Agree	Agree
Gender Identity is routinely addressed with our patient population	Moderately Agree	Disagree
Healthcare of transgender persons requires additional healthcare training	Agree	Agree
There is a need for culturally competent and culturally sensitive healthcare training in the urgent care and emergency room settings	Strongly Agree	Moderately Agree

Gender identity is important to identify when providing healthcare	Strongly Agree	Strongly Agree
My personal attitudes and beliefs affect my ability to care for the transgender community	Strongly Agree	Moderately Disagree
How many hours of training and or clinical in transgender healthcare were you required to have in your formal education	1-5	1-5
My biggest concern in providing healthcare for the transgender person is:	"Offending someone based on their self perceptions of gender identity. I also have concerns about staff that may not have transgender sensitivity training. Cross-cultural competence is not something that is evaluated or reinforced because there is not mandate to do so."	"Offending them"
The biggest limiting factor in providing healthcare for the transgender person is:	"Never knowing who you are going to see, how they will react to you and what prejudices one will encounter."	"Them trusting me."

Table 2

Post Intervention Responses of Clinical Education in Transgender inclusive healthcare

Question	Participant 1	Participant 2
I feel that my training in healthcare meets the healthcare needs of the transgender community	No response	Moderately Agree
I am comfortable providing healthcare for transgender persons	No response	Strongly Agree
My work provides a comfortable environment for the transgender person to seek healthcare	No response	Agree
Gender identity is routinely addressed with our patients	No response	Moderately Disagree
Education in transgender healthcare is a valuable tool in my work environment	No response	Neither
I routinely ask if a patient has a primary care provider	No response	Strongly Agree
Healthcare of transgender persons requires specialty training	No response	Moderately Disagree
Culturally competent and culturally sensitive healthcare training is needed in the urgent care and emergency room setting	No response	Agree
Gender identification is important in providing healthcare for the transgender person	No response	Agree
My personal attitudes and	No response	Strongly Disagree

beliefs limit my ability to provide healthcare for the transgender person		
Identify one change in healthcare of the transgender person that you would make in your practice	No response	“Asking gender identity”
What barriers might you perceive in making this change?	No response	“Discomfort of staff asking personal information”

Table 3

Six-week Questionnaire Responses of Clinical Education in Transgender inclusive healthcare

Question	Participant 1	Participant 2
I have changed my perception of healthcare needs for transgender persons	Moderately Agree	Moderately Agree
I routinely address gender identity with my patient population	Neither	Neither
I have changed my attitudes and beliefs in the healthcare of transgender persons	Moderately Agree	Moderately Disagree
I feel that other healthcare providers should improve their knowledge in transgender health	Strongly Agree	Moderately Agree
I feel that I have improved my knowledge in healthcare needs of transgender persons	Moderately Agree	Moderately Agree

Appendix A

Participant Letter

Dear Prospective Participant,

As a clinician in family practice and acute care medicine, I have had the opportunity to come in contact with various populations. Interactions with persons who are transgender and their struggles in obtaining appropriate healthcare have brought on this project.

I would like to ask your participation in an education program to increase healthcare provider and staff knowledge and comfort in managing the general and acute health needs of transgender persons. This program includes a pre-survey, an education program that is comprised of a power point with voiceover with a post-survey and 6 week follow-up survey.

The program is strictly voluntary and in total may take up to 90 minutes (30 minutes in total survey time (pre, post and six-week follow-up) and 60 minute program). You will be provided with a 4-week window for completion.

To participate, please sign the attached letter of informed consent and return to the email address below. Upon signing of consent and receipt, you will be provided with a number to keep your responses confidential and a link to the pre-survey.

Due to expense and time constraints, CME will not be offered. However, a random drawing will be done at the conclusion of the program where two $50 gift cards will be offered.

Thank you, in advance, for taking part in this program.

Tonia Lower MSN
DNP student
Otterbein University
Tonia.lower@otterbein.edu

Appendix B

Participant Instructions

Instructions to Participants

What is the purpose of this study?

The purpose of this study is to improve the knowledge base of the healthcare provider and staff of the healthcare needs in the transgender community.

Why am I as to participate?

You were asked to participate due to your profession and your potential to have contact with the transgender population.

Am I required to participate?

You are not required to participate. Your participation is strictly voluntary.

What are the expectations?

You will be expected to complete a survey prior to receipt of the education program, which will be immediately followed by a post survey and follow up survey in 6 weeks.

Will my identity remain confidential?

Your identifying information will only be obtained for documentation of participation and survey completion. An assigned number will only identify your responses for reporting.

How much time will be required of me?

The surveys and program participation will require approximately 75 minutes of your time. Your employer IHA has identified that this may be completed during your work hours.

Will I be compensated for my time?

You will be entered into a drawing for one of two gift cards in the amount of $50.00 to participants that complete the education program and all three surveys. As per verbal agreement with your employer, you will be able to participate in this program during your routine work hours.

Appendix C

Informed Consent

Informed Consent

The Department of Nursing at Otterbein University supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

We are interested in studying the knowledge base of healthcare providers and staff in the healthcare needs of the transgender population. You will be participating in three sessions, one will involve completion of a questionnaire, and you will then receive an electronic based education program followed by a post survey, and this will be followed up in 6 weeks with an additional short follow up survey. It is estimated that this would not take more than 75 minutes in total of your time inclusive of education program and surveys. Some individuals may be uncomfortable with this content. However, it is not sexually explicit or graphic in any way. It is expected that this program will benefit you directly by improving your knowledge base as a healthcare provider.

Your participation is strictly voluntary. We assure you that any identifying information provided will not be associated with the research findings. A code number will only identify the information.

Sincerely,

Joy Shoemaker, Principal Investigator
27 S. Grove Street, Westerville, Ohio 43081
614.823.1912

Tonia Lower, DNP student
474 Watkins Rd, Blanchester, Ohio 45107
513-314-0040

Participant Signature: _____

By signing this document, I acknowledge that I am a willing participant in this program and I am providing consent to use the information that I submit. With my signature, I affirm that I am at least 18 years of age

Appendix D

INSTITUTIONAL REVIEW BOARD
RESEARCH INVOLVING HUMAN SUBJECTS
OTTERBEIN UNIVERSITY

X Original Review
____ Continuing Review
____ Five-Year Review
____ Amendment

ACTION OF THE INSTITUTIONAL REVIEW BOARD

With regard to the employment of human subjects in the proposed research:

HS # 15/16-12
Shoemaker, Lower, Fried, Chovan & Applegate: Implementation of an education ...

THE INSTITUTIONAL REVIEW BOARD HAS TAKEN THE FOLLOWING ACTION:

✓ Approved
____ Approved with Stipulations*
____ Deferred
____ Disapproved
____ Waiver of Written Consent Granted

*Stipulations stated by the IRB have been met by the investigator and, therefore, the protocol is APPROVED.

It is the responsibility of the principal investigator to retain a copy of each signed consent form for at least four (4) years beyond the termination of the subject's participation in the proposed activity. Should the principal investigator leave the college, signed consent forms are to be transferred to the Institutional Review Board for the required retention period. This application has been approved for the period of one year. You are reminded that you must promptly report any problems to the IRB, and that no procedural changes may be made without prior review and approval. You are also reminded that the identity of the research participants must be kept confidential.

Date: 8 September 2015 Signed: _____
Chairperson

OC HS Form AF

Appendix E

iha
IMMEDIATE HEALTH ASSOCIATES

Care when you need it

August 21st, 2015

To: Otterbein Institutional Review Committee

This letter is to document that the research planned to be conducted by DNP student Tonia Lower and Professor Joy Shoemaker with Immediate Health Associates (IHA) employees does not require any internal IRB approval at IHA. IHA is in support of this important research and education.

Respectfully

Kirk A Hummer DNP, MBA, CNP
Chief Executive Officer

575 Copeland Mill Rd; Suite 1D Westerville, OH 43081
Office: 614.794.0481 Fax: 614.794.3711

Appendix F

Project Timeline

Appendix G

Dear Tonia,

On behalf of the Student Research Fund Committee, I am pleased to inform you that your proposal, “Implementation of an education program to improve transgender healthcare services in the urgent care setting," has been approved. Unfortunately, funds are limited and the committee feels that you should be able to access the Survey Monkey features you need through the free version of the website. Your proposal has been approved for an award of $100..

Student Research Fund recipients are competitively selected based upon the quality of their proposed research and/or creative endeavor. Congratulations on this achievement!

Your advisor, Dr. Joy Shoemaker, will be informed of your award and should be able to help you claim project-related expenses (not to exceed the award amount), as indicated in your proposal. If either of you have any questions about the claim procedures, you can find more information on the SRF web pages.

Undergraduate Research & Creative Work is one of the **Five Cardinal Experiences.** Information about this specific Cardinal Experience can be found here. As you move forward with your project, please consider applying for an **Undergraduate Research and Creative Work Card**. Information about the application process can be found here.

Finally, we would like to let others know of your good work. When you submit your final invoice for payment on the award, please also submit an abstract that is suitable for publication and addresses the significance of the research, the methodology, and the conclusion you reached. This 200-word abstract should include your name, your advisor’s name, the title of your research or presentation, and the signature of your advisor.

Should you have questions, please feel free to contact me at 823-1846.

Best wishes with your project.

Sincerely,

Diane Nance, M.A.
Director, Office of Sponsored Programs
1 South Grove Street
Westerville OH 43081 614.823.1846

Appendix H

Transgender Healthcare Survey Pre-Intervention

Participant number: _____ Age _____

Occupation _____ Years in your profession _____

Highest education completed _____

How do you identify M/F/Other _____ Ethnicity: _____

		Strongly Disagree			**Neither**		**Strongly Agree**	
	Question	**1**	**2**	**3**	**4**	**5**	**6**	**7**
1	I feel that my training in healthcare is sufficient to meet the needs of the transgender community							
2	I am comfortable with providing healthcare for transgender persons							
3	My work environment provides an atmosphere that would be comfortable for the transgender person to seek healthcare							
4	Transgender persons report the utilization of a primary healthcare provider when treated in the Urgent Care							
5	I feel that it is important to become educated in the healthcare of transgender persons							
6	Gender identity is routinely addressed with our patient population							
7	Healthcare of transgender persons requires additional healthcare training							
8	There is a need for culturally competent and culturally							

	sensitive healthcare training in the urgent care sector							
9	Gender identity is important to identify when providing healthcare							
10	My personal attitudes and beliefs affect my ability to care for the transgender community							

11. How many hours of training and or clinical in transgender healthcare were you required to have in your formal education?

0 1-5 5-10 >10

12. My biggest concern in providing healthcare for the transgender person is:

13. The biggest limiting factor in providing healthcare for the transgender person is:

Appendix I

Transgender Healthcare Post-Intervention

Participant number: _____

		Strongly Disagree			**Neither**		**Strongly Agree**	
	Question	**1**	**2**	**3**	**4**	**5**	**6**	**7**
1	I feel that my training in healthcare meets the healthcare needs of the transgender community							
2	I am comfortable providing healthcare for transgender persons							
3	My work provides a comfortable environment for the transgender person to seek healthcare							
4	Gender identity is routinely addressed with our patients							
5	Education in transgender healthcare is a valuable tool in my work environment							
6	I routinely ask if a patient has a primary care provider							
7	Healthcare of transgender persons requires specialty training							
8	Culturally competent and culturally sensitive healthcare training is needed in the urgent care setting							
9	Gender identification is important in providing healthcare for the transgender person							
10	My personal attitudes and beliefs limit my ability to provide healthcare for the transgender person							

11. Identify one change in healthcare of the transgender person that you would make in your practice.

12. What barriers might you perceive in making this change?

Appendix J

Transgender healthcare 6-week Follow Up

Participant number: _____

		Strongly Disagree			**Neither**		**Strongly Agree**	
	Question	**1**	**2**	**3**	**4**	**5**	**6**	**7**
1	I have changed my perception of healthcare needs for transgender persons							
2	I routinely address gender identity with my patient population							
3	I have changed my attitudes and beliefs in the healthcare of transgender persons							
4	I feel that other healthcare providers should improve their knowledge in transgender health							
5	I feel that I have improved my knowledge in healthcare needs of transgender persons							

6. The change that I had anticipated making in my healthcare practice through the participation in the project was:

Appendix K

Kraft, Robert <rkraft@otterbein.edu> 12/6/15

To me, Joy, Eva, John, Kirk

Thank you for the updated information.

From the IRB perspective, your modification is approved and your research can carry on.